

To be completed by all facility operators subject to Sections V. C. and E.

COMPANY NAME															FACILITY ID				
ADDRESS															COUNTY ID				
CITY										ZIP CODE					AIR BASIN		DISTRICT		
TELEPHONE					CONTACT PERSON														

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Failure to submit required information or knowingly supplying false information is punishable to the extent defined in Health and Safety Code Sections 44381(a) and 44381(b), which includes minimum fines of not less than five hundred dollars.

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- (1) Is any new or updated source testing required because previous source test data were determined to be invalid by the district or the Executive Officer of the ARB?

Answer: Yes ☐ No

**Specify:** \_\_\_\_\_

- (2) Have any new permits been issued or existing permits been modified since the last update year which allow the facility to change the nature or quantity of air emissions of any substances listed in Appendix A-I or A-II? ☐

Answer: Yes ☐ No

**Specify:** \_\_\_\_\_

- (3) **Have processes or equipment been added or modified at the facility since the last update year which change the nature or quantity of facility emissions of any listed substances?**

Answer: Yes ☐ No

**Specify:** \_\_\_\_\_

- (4) Are there any substances listed in Appendix A-I or A-II that are now being emitted by the facility that were not reported during the last inventory period? (Consider changes due to new processes, fuel usage, fuel type, material usage at the facility, and new substances added to the list of substances.)

Answer: Yes ☐ No

**Specify:** \_\_\_\_\_